



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
EUGENE I. GESSOW, DIRECTOR

December 26, 2008

## GENERAL LETTER NO. 23-E-AP-9

ISSUED BY: Bureau of Purchasing, Payments, and Receipts,  
Division of Fiscal Management

SUBJECT: Management Manual, Title 23, Chapter E, Appendix, ***ISSUANCE OF  
DUPLICATE OR REPLACEMENT WARRANTS APPENDIX***, Title page,  
revised; Contents (pages 1), revised; and pages 1 through 5, revised;  
and the following forms:

470-0005	<i>Affidavit and Agreement for Issuance of Duplicate Warrant</i> , revised
470-0004	<i>Affidavit as to Forged Endorsement</i> , unchanged
470-0006	<i>Claimant's Supplemental Statement</i> , unchanged
PS-2016	<i>Mail Theft Complaint</i> , revised
None	<i>Bankimage User Manual</i> , revised

## Summary

This chapter is revised to:

- ◆ Add that forms 470-0004, *Affidavit as to Forged Endorsement*, and 470-0006, *Claimant's Supplemental Statement*, may now be signed in front of either a Department of Human Services employee or a notary.
- ◆ Update the form and source instructions for the "Mail Theft Complaint" and remove the requirement of signatures from both parents for two-parent FIP households. However, if the warrant has two payees listed, each payee must complete the form.
- ◆ Provide new contact information.

## Effective Date

Upon receipt.

## Material Superseded

Remove the entire Chapter E, Appendix, from Management Manual, Title 23, and destroy it. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	February 8, 2008
Contents (page 1)	June 29, 2004

470-0005	1/00
1, 2	June 29, 2004
470-0004	2/00
470-0006	3/02
3, 4	June 29, 2004
PS-2016	March 1994
5	September 14, 2007

**Additional Information**

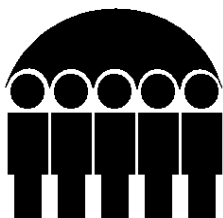
Refer questions about this general letter to your area income maintenance administrator, your service area manager, or your regional collections administrator.

Revised December 26, 2008

Management Manual  
Title 23  
Chapter E Appendix

# **ISSUANCE OF DUPLICATE OR REPLACEMENT WARRANTS**

## **APPENDIX**



Iowa  
Department  
of  
Human Services

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Claimant's Supplemental Statement, Form 470-0006 .....	3
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**AFFIDAVIT AND AGREEMENT  
FOR ISSUANCE OF DUPLICATE WARRANT**

Claimant Name
Claimant Address

I certify that:

- I have not received the state of Iowa warrant listed below which was made out to me, and I have no knowledge of its whereabouts; or
- I received the warrant, but inadvertently lost, damaged, or destroyed it before I could cash it.

Warrant Number	Account Number	
Warrant Amount	Issue Date	Case or Invoice Number

In consideration of the issuance and delivery to me of a new warrant in the same amount, I agree that I will promptly turn in the original warrant if it ever comes into my possession or control.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that this statement is true and correct.

Claimant's Signature	Date
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Please return the completed form to:

DHS Division of Fiscal Management  
Bureau of Purchasing, Payments, and Receipts, 1st Fl  
1305 E Walnut St  
Des Moines IA 50319-0114

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**Affidavit and Agreement for Issuance of Duplicate Warrant, Form 470-0005**

Purpose	Payees use the <i>Affidavit and Agreement for Issuance of Duplicate Warrant</i> to apply for another warrant when they have not received the warrant, or when they have lost or inadvertently destroyed the original warrant after receipt and it has not been cashed.
Supply	Complete form 470-0005 on line using the template available in the public state-approved forms administrative folder on Outlook.
Completion	<p>Allow the payee to complete this form seven working days after the scheduled mailing date, when:</p> <ul style="list-style-type: none"><li>◆ The payee advises the local office of loss or nonreceipt of the warrant;</li><li>◆ The post office has not returned the warrant to the Bureau of Purchasing, Payments, and Receipts as undeliverable; and</li><li>◆ The warrant is still outstanding according to the "OUTS" system. (See 14-B(4), <a href="#">OUTS = Warrant Status Information</a>, for instructions.)</li></ul> <p>Local office staff supply the required descriptive information about the warrant.</p>
Distribution	Send the completed form to the Bureau of Purchasing, Payments, and Receipts, Division of Fiscal Management, for processing and delivery to the Department of Administrative Services – State Accounting Enterprise (DAS-SAE), for issuance of a duplicate warrant.
Data	<p>Each warrant payee must complete this form by stating the payee's full name, the full address where the warrant was mailed, and the payee's current address, if different.</p> <p>Obtain the warrant number through the Issuance Verification (ISSV) system screen and use it to look up the account number, warrant amount, and issue date on the "OUTS" system. (See 14-B(4), <a href="#">OUTS = Warrant Status Information</a> for instructions.)</p>

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**Affidavit as to Forged Endorsement, Form 470-0004**

Purpose	Form 470-0004 is used to supply the Department of Inspections and Appeals (DIA), Investigations Division, with information to determine the appropriateness of a request to replace a warrant stolen from a client's mailbox.
Supply	Complete form 470-0004 on line using the template available in the public state-approved forms administrative folder on Outlook.
Completion	<p>Complete this form when the payee reports that the warrant has not been received by the seventh working day after scheduled mailing date <b>and</b>:</p> <ul style="list-style-type: none"><li>◆ The warrant has been redeemed according to the "OUTS" system;</li><li>◆ The payee has viewed the copy of the original check; and</li><li>◆ The payee continues to claim that the signature on the endorsement is not that of the payee, and that the payee has no knowledge of the redemption nor participated in any of the proceeds of the warrant.</li></ul> <p>Complete the top section of the form on line from the information on the OUTS system. See 14-B(4), <a href="#">OUTS = Warrant Status Information</a>, for instructions. Then print the form for the payee signatures.</p> <p>Each payee must complete a form. The payee must complete the signature sections in front of a Department employee or a notary to be valid. The Department employee may sign in the field labeled notary and include DHS after the signature.</p>
Distribution	Send the original <i>Affidavit as to Forged Endorsement</i> to DIA Investigations Division, 321 E 12 <sup>th</sup> St, Des Moines, Iowa 50319-0083. Make a copy for the case file.
Data	The payee must complete the bottom section using the <b>exact wording and abbreviations as on the endorsement</b> . This includes the warrant address, not the payee's current address, if different. If the payee has moved since the warrant was issued, use the address listed on the warrant when completing forms.

## Iowa Department of Human Services

**AFFIDAVIT AS TO FORGED ENDORSEMENT**

Claimant's Name		Social Security Number	
Warrant Number	Account Number		Program
Warrant Amount	Issue Date		Case or Invoice Number
Address Where Warrant Was Mailed			

I certify that:

- I am the person named as payee on state of Iowa warrant described above, issued by the Iowa Department of Human Services.
- I never received this warrant in the mail.
- I have examined the photostatic copy of this warrant and the endorsements on it.
- The endorsement of my name as it appears on this warrant was not made by me and is forged.
- I did not authorize the endorsement of my name on the warrant.
- I did not receive any part of the proceeds of this warrant.
- Payment is still due me for the amount on the warrant.

I understand that any willfully false statement or representation I make may subject me to prosecution for a fraudulent practice, as defined in Iowa Code Sections 239B.14 and 714.8(10). I certify under penalty of perjury and pursuant to the laws of the state of Iowa that these statements are true and correct.

Signature of Payee			
Current Address	City	State	Zip Code

*Please sign the name and address as it appears on the warrant in **ink** (not felt-tip pen or pencil).*

Signature
Address
Signature
Address

Subscribed and sworn to me on:	Notary	Commission Expires
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**CLAIMANT'S SUPPLEMENTAL STATEMENT**

*To be completed by the claimant ONLY (except for witnessing), and attached to the forgery affidavit.*

Claimant's Name	Warrant No.	Date Issued	Amount \$
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I am the payee and owner of the state of Iowa warrant described above. I have examined a photocopy of the warrant and the endorsement on it and I declare that I did not receive this warrant; I did not in any manner receive any of the proceeds of the warrant; and I did not participate in any manner in negotiating it.

In support of this claim, I make the following statements, which I declare to be true to the best of my knowledge. I understand that if I make false statements in this affidavit, I will be in violation of the Iowa criminal code and subject to prosecution.

1. Was this warrant received in the mail or did you ever see it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did you endorse this warrant or complete any part of the endorsement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Did you authorize someone to endorse this warrant for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you know of any person who participated in or received the proceeds of this warrant or any part of it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you know of any person who might have removed the envelope containing the warrant from your mail box or received the check from someone and then endorsed your name? If yes, list below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		
Street	City	State      Zip Code
Name		
Street	City	State      Zip Code
Explain how you believe this occurred.		
6. Where were you on date this warrant was to be received?		

7. Where were you on the date and at the time this warrant was cashed?			
8. Have you ever been in the establishment where the warrant was cashed? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
9. Where do you usually cash your warrants?			
10. List names of persons who live at the address to which warrant was directed			
11. Who shares your letter box or has authority to remove your mail?			
12. What is the address on the warrant?			
Street	City	State	Zip Code
13. Was the address on the warrant your correct mailing address? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If NO, what is your correct address?			
Street	City	State	Zip Code
14. Where can you be contacted?			
Day: _____		Phone	(     )
Night: _____		Phone	(     )
Work: _____		Phone	(     )
15. How long have you lived (or did you live) at the address on the warrant?			
16. If you changed your address, did you advise anyone? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If so, who?			
17. Have you reported the loss to your local law enforcement agency? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Which department? <span style="float: right;">Report No.</span>			
18. If married (or divorced), what was your maiden name?			

Claimant's Signature	Date
Claimant's Signature	Date

## SIGNATURE PAGE

Complete this page by writing information exactly as it appears on the endorsement of the warrant.

**Please sign in ink:**

Signature			
Street	City	State	Zip Code
Signature			
Street	City	State	Zip Code

**Please print:**

Signature			
Street	City	State	Zip Code
Signature			
Street	City	State	Zip Code

**Please complete with your other hand:**

Signature			
Street	City	State	Zip Code
Signature			
Street	City	State	Zip Code

Subscribed and sworn to me on:	Notary	Commission Expires
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**Claimant's Supplemental Statement, Form 470-0006**

Purpose	Form 470-0006 is used to supply the Department of Inspections and Appeals (DIA), Investigations Division, with information to determine the appropriateness of request to replace a warrant stolen from a client's mailbox.
Supply	Print or photocopy form 470-0006 from the sample in the manual.
Completion	<p>Each payee completes this form at the same time as the <i>Affidavit as to Forged Endorsement</i>, 470-0004. If a question is not applicable, the payee completes the line with "N/A."</p> <p>This form must be completed in front of a Department employee or a notary. The Department employee may sign in the field labeled notary and include "DHS" after the signature.</p>
Distribution	<p>Send the original <i>Claimant's Supplemental Statement</i> to DIA Investigations Division 3rd Fl, 321 E 12<sup>th</sup> St, Des Moines, Iowa 50319-0083.</p> <p>Make a copy of the <i>Claimant's Supplemental Statement</i> for the case file.</p>
Data	The payee must complete the signature page using the <b>exact wording and abbreviations as on the endorsement</b> . This includes the warrant address, not the payee's current address if different. If the payee has moved since the warrant was issued, use the address listed on the warrant when completing forms.

### Mail Theft Complaint

Purpose	This form is used to supply the U. S. Postal Inspector and the Department of Inspections and Appeals (DIA) Investigations Division with information to assist their investigation of a warrant alleged stolen.
Supply	The client may complete this form on line at the U.S. Postal Inspector's web site: <a href="http://postalinspectors.uspis.gov/forms/mlntrcvd.aspx">http://postalinspectors.uspis.gov/forms/mlntrcvd.aspx</a>
Completion	Each payee must complete this form after the payee has viewed the copy the warrant in question and subsequently decided the endorsement is not the payee's.
	Assist the payee to complete and submit the form. Print off a copy for the case file and date-stamp the back of the form.
Distribution	Attach a copy of the completed form to the <i>Affidavit as to Forged Endorsement</i> , 470-0004, and the <i>Claimant's Supplemental Statement</i> , 470-0006, and return them to DIA together.
Data	The form collects more information about the circumstances surrounding the loss of the warrant.



## ***Mail Theft Complaint***

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### **Type of problem:**

- ☐ Mail Not Received
- ☐ Mail Tampering/Vandalism
- ☐ Mail Received Without Contents

### **Complainant/Victim Information**

First Name	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>
Company	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>		
ZIP	<input type="text"/>				
Home Phone	<input type="text"/>				
Work Phone	<input type="text"/>				
E-Mail	<input type="text"/>				

### **How is your mail delivered (choose one)?**

☐ Rural Box    ☐ Porch    ☐ Business    ☐ Apartment Panel

☐ Neighborhood Cluster Box    ☐ Door Slot    ☐ Other

**Article was mailed from:**

☐ **Same as Complainant/Victim Information**

First Name  Middle  Last   
Company   
Address   
City  State   
ZIP   
Home Phone   
Work Phone

**Article was addressed to:**

☐ **Same as Complainant/Victim Information**

First Name  Middle  Last   
Company   
Address   
City  State   
ZIP   
Home Phone   
Work Phone

**Type of Mail**

☐ Letter Size    ☐ Large Envelope    ☐ Parcel

**Date Mailed (mm/dd/yyyy)**

**Class**   ☐ First-Class   ☐ Priority   ☐ Periodicals (magazines)   ☐ Return Receipt  
☐ Delivery Confirmation   ☐ Express   ☐ Certified   ☐ Registered  
☐ Parcel Post   ☐ Insured

**Tracking Number (if applicable)**

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**Contents of Mail: (Select all that apply)**

☐ Audio/Visual   ☐ Coins/Cash   ☐ Checks/Convenience Checks  
☐ Money Orders   ☐ Credit/Debit/ATM/Bankcard   ☐ Financial Statement  
☐ Gift Card/Stored Value   ☐ Phone Card   ☐ Electronic Merchandise  
☐ Greeting Card   ☐ Prescription Drugs   ☐ Clothing   ☐ Jewelry/Precious Metals  
☐ Stocks/Bonds/Securities   ☐ Other

**Comments**

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**Suspect Information**

**Provide the following information, if available:**

First Name  Middle  Last   
Address   
City  State   
ZIP



**Gender**   ☐ Male   ☐ Female

**Weight**    **Height (inch)**

**Eye Color**

☐ Black   ☐ Blue   ☐ Brown   ☐ Gray   ☐ Green   ☐ Hazel

**Hair Color**

☐ Bald   ☐ Blonde/Strawberry   ☐ Black   ☐ Brown   ☐ Gray   ☐ Red/Auburn  
☐ Sandy   ☐ White

**Age**

**Race**

☐ American Indian/Native Alaskan   ☐ Asian/Asian Pacific   ☐ Black  
☐ Hispanic/Latin   ☐ White   ☐ Other

Clothing Description

Other Details

**Suspect Vehicle**

Make    Model    Year

Color    Tag No.

**Were Police Notified?**   ☐ Yes   ☐ No

**Police Report No.**

## Description of Complaint

The U.S. Postal Inspection Service gathers data on mail-related crime to determine whether a violation has occurred. While we can't guarantee that we can recover lost money or items, your information can help alert Postal Inspectors to problem areas and possibly prevent others from being victimized. Postal Inspectors base their investigations on the number, substance, and pattern of complaints received from the public. We ask you to keep all original documents related to your complaint. We will contact you only if more information is needed.

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The U.S. Postal Inspection Service will use your information to support investigations of criminal, civil, or administrative matters, as authorized by 39 USC 401 and 404, and 18 USC 3061. We may only disclose appropriate information as follows:

In relevant legal proceedings.

To law enforcement groups, when the U.S. Postal Service or requesting agency becomes aware of a violation of law.

To a congressional office, at your request.

To entities or individuals under contract with the U.S. Postal Service.

To entities authorized to perform audits.

To labor organizations, as required by law.

To federal, local, state, or foreign government agencies for personnel matters.

To members of the public, news media, trade associations, or organized groups for the U.S. Postal Service's public interest purposes.

To a federal, state, local, or foreign prison, probation, parole, or pardon authority; or to any agency involved with the maintenance, transportation, or release of a person held in custody.

To a foreign country, to the extent necessary to assist the country in apprehending or returning a fugitive to its jurisdiction.

Please forward your complaint to: United States Postal Inspection Service, Criminal Investigations Service Center, 222 S. Riverside Plaza, Suite 1250 Chicago, IL 60606-6100

# Bankimage User Manual

**October 2008**

**The Bankimage Website has  
been upgraded. If you have  
questions, please contact:**

**Jennifer Eubanks: 281-5301  
Technical Issues**

**Sherri Morano: 281-3885  
Unable to find a warrant**



State of Iowa Treasurer's Office

Images of redeemed state of Iowa warrants are now available on the state's Intranet. This document contains basic instructions on how to access these images through the Bankimage web application.

If you have any questions regarding use of this system, please contact Pat Martin (281-5617) or Monica McAninch (281-3885).

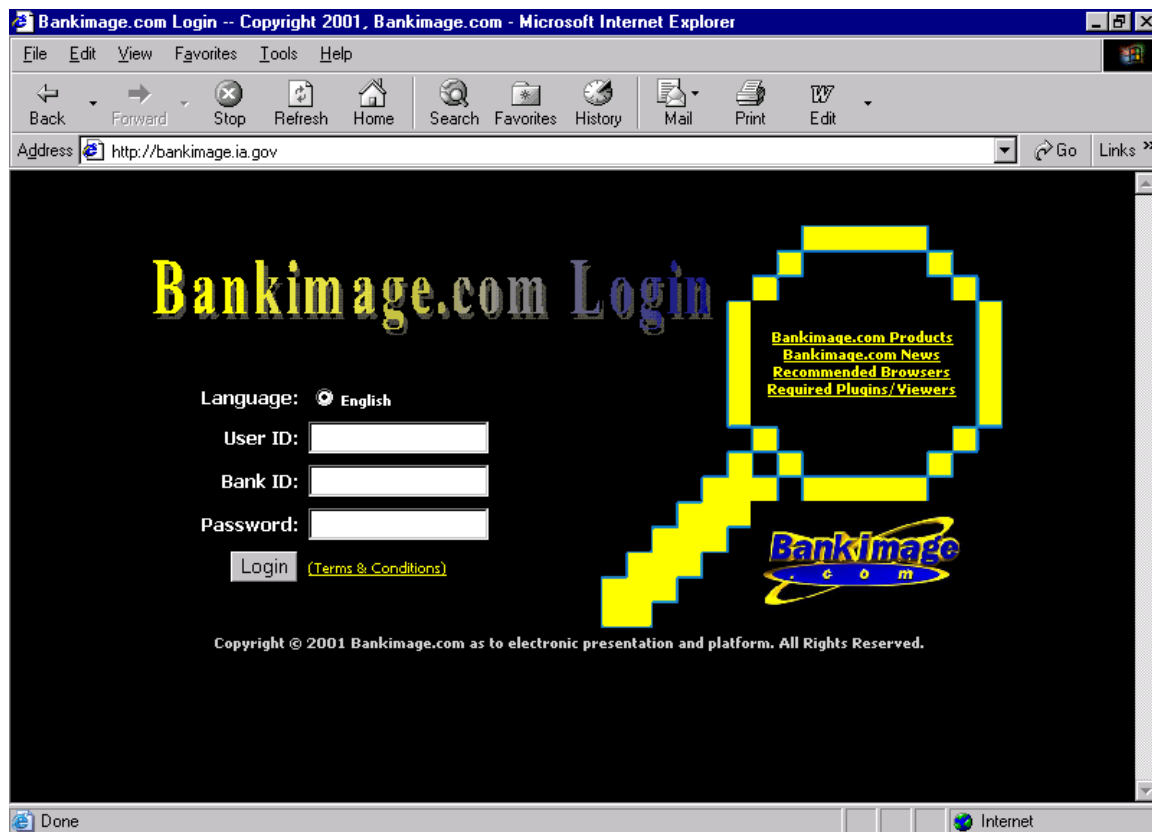
#### System Requirements:

Internet Explorer 5.0 or later running on a Windows-based system.

\*You must know the warrant number and redemption date to access and retrieve a warrant image.

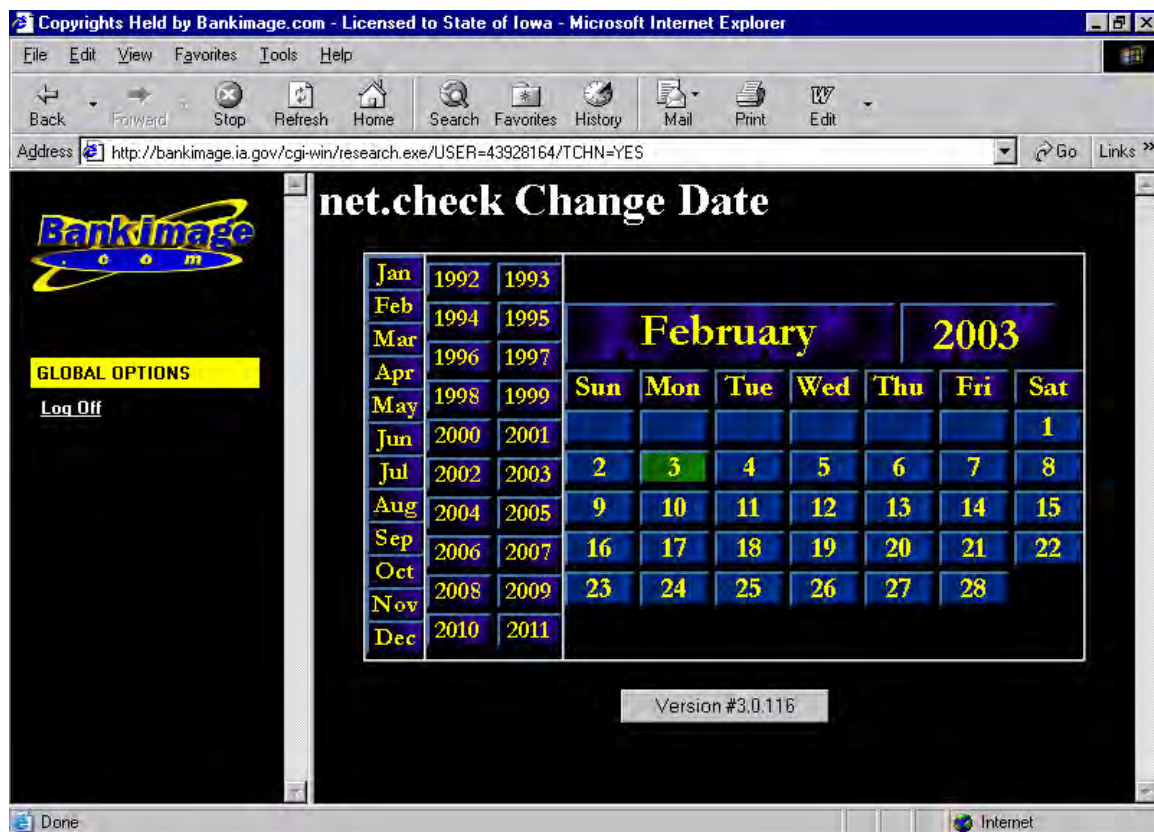
To access Bankimage:

1. Type this address in your web browser: <http://bankimage.ia.gov>
2. The following screen should appear



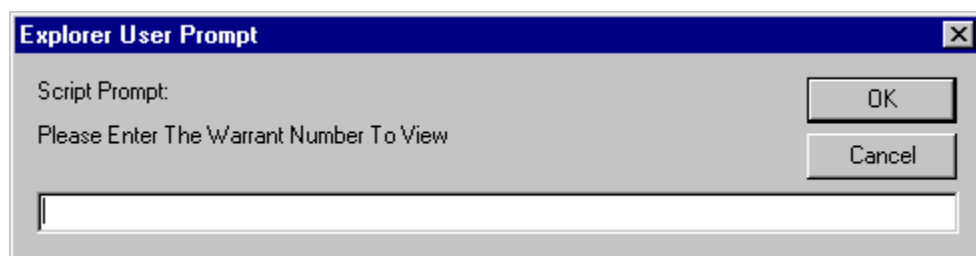
3. In the User ID box type in: treasguest
4. In the Bank ID box type in: stateia
5. In the Password box type in: warrantimage

6. Click on the Login button or hit enter and the following screen should appear:



To find a warrant image:

1. Click on the warrant redemption year, month and day.
2. Look in the upper left corner of your screen. There should be a small gray script box like the one below where you can enter the warrant number you're looking for.




3. Enter the warrant number and click on OK or hit enter. A screen similar to the one on the next page should appear:

Copyrights Held by Bankimage.com - Licensed to State of Iowa - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

Address <http://bankimage.ia.gov/cgi-win/research.exe/USER=43928164/BANK=stateia/DATE=20021031/TOPR=1/IMAG=1> Go Links



**GLOBAL OPTIONS**

Log Off

**NAVIGATION**

Change Date

**RECORD OPTIONS**

Flip Image  
Enlarge Image  
Format For Printing

**SEARCHING**

Go To Warrant Number

**State of Iowa Warrant**

ACCOUNT NUMBERS: 0001-03-595-R75-5200-2432

NO. 06116219

TO THE Treasurer of State  
Des Moines, Iowa 50319

Pay to the order of

AGUILA (PNG)  
PO BOX 219703  
KANSAS CITY MO  
64121-9703

DEPARTMENTAL REFERENCE NO'S: 5953T267101 XXXXX187701 0 \*\*\*\*\*10.50

AMOUNT: 33.75  
790

4006767447430

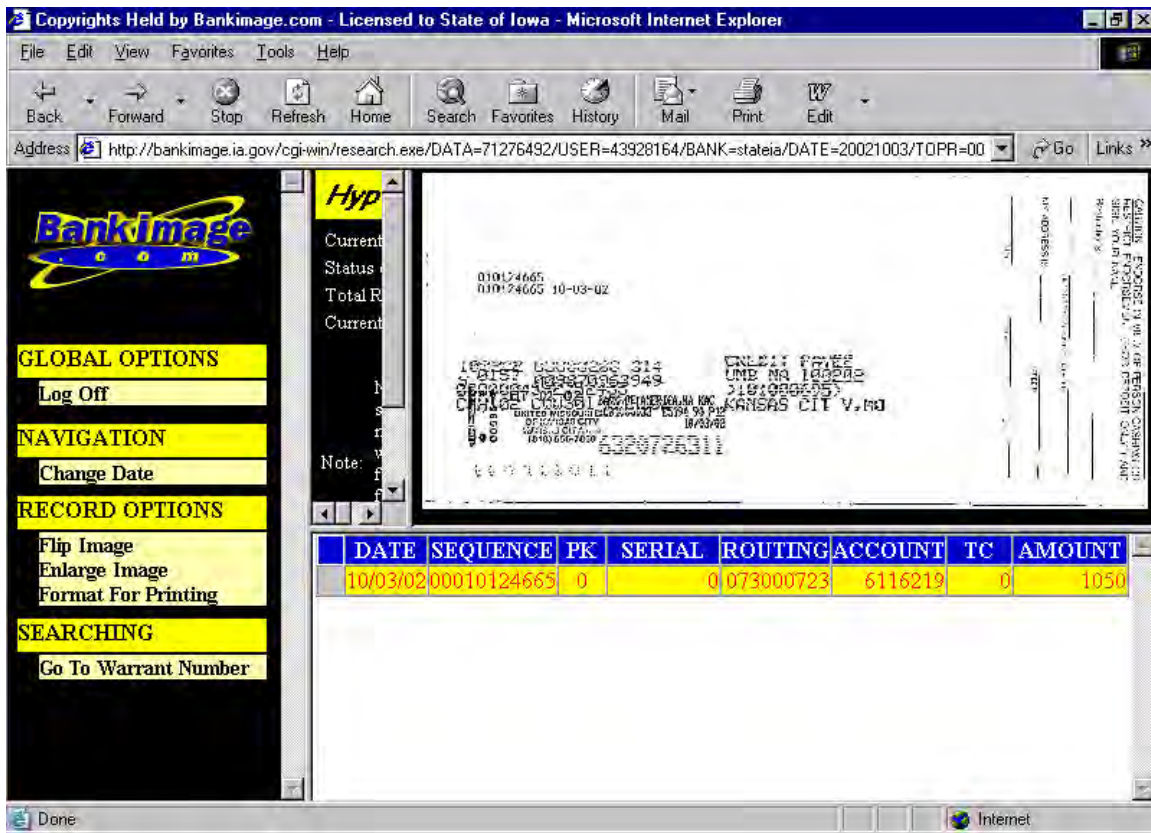
073000723 6116219 0000001050

DATE	SEQUENCE	PK	SERIAL	ROUTING	ACCOUNT	TC	AMOUNT
10/03/02	00010124665	0	0	073000723	6116219	0	1050

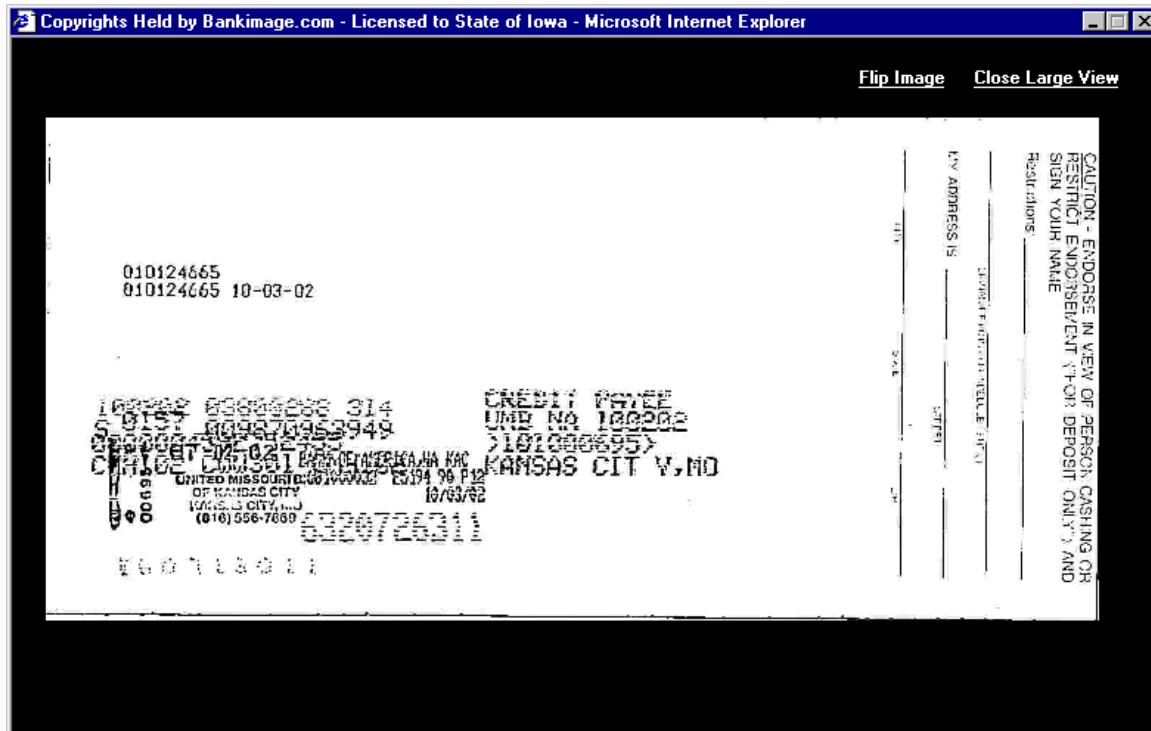
Internet

On the upper right portion of the screen is the image of the warrant. On the left side of the screen are options for viewing and printing the warrant.

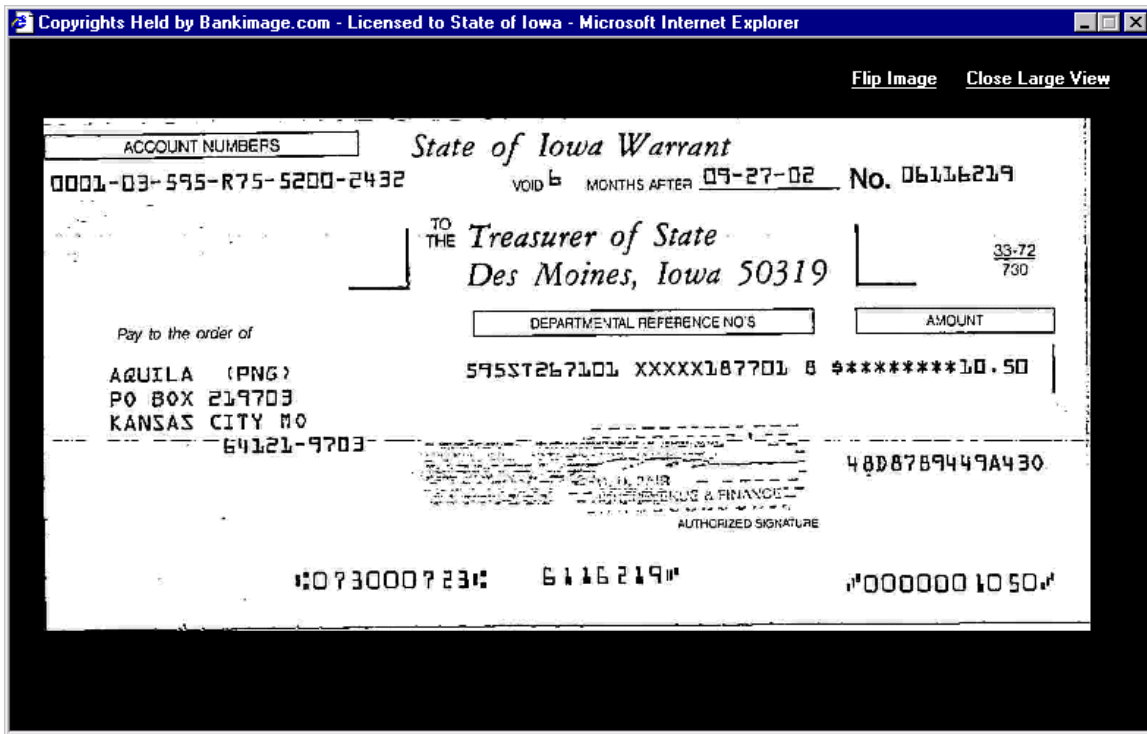
To see the back of the warrant, click on the Flip Image option under Record Options.



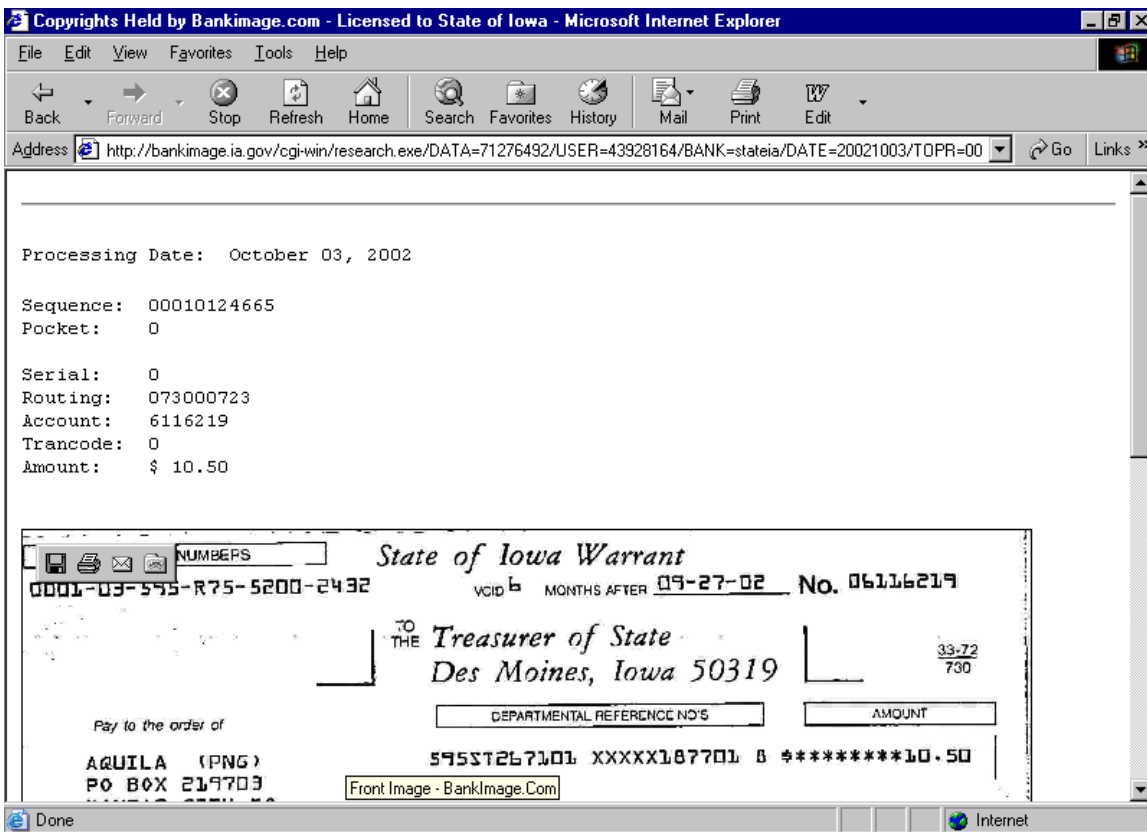
To see a larger view of the currently displayed side of the warrant, click on the Enlarge Image option under Record Options (this can be used for either the back or front view of the warrant).







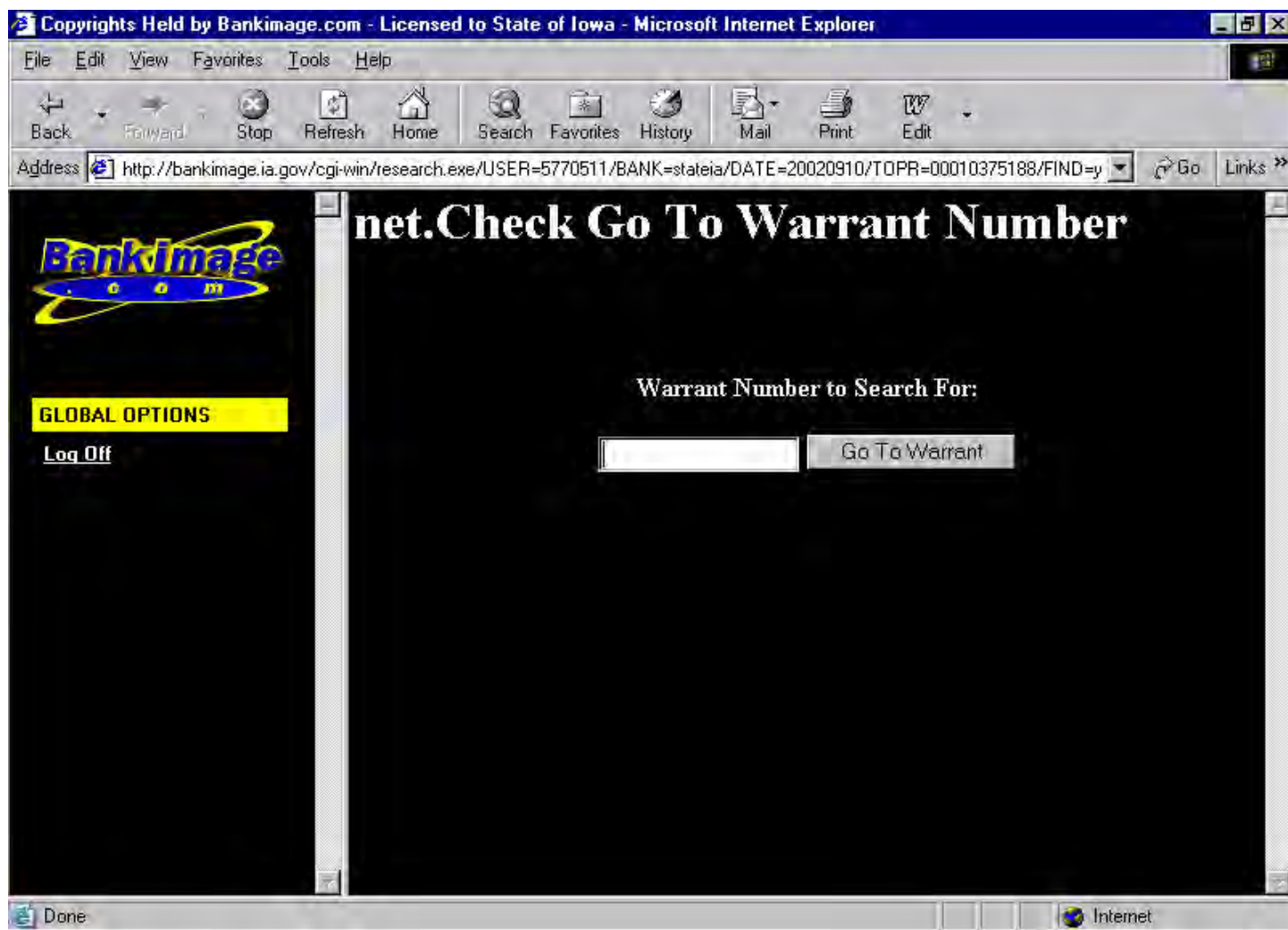
To print the warrant, click on the “Format for Printing” option under Record Options.



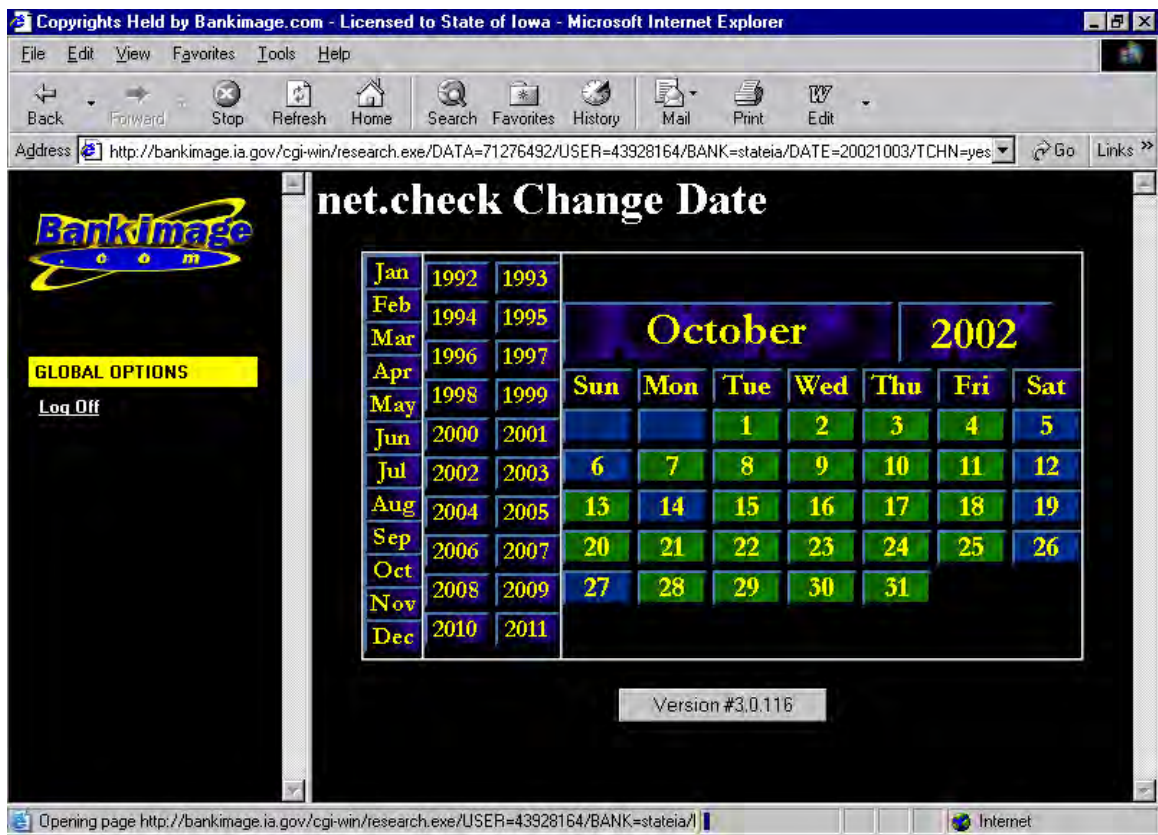
Use either the File/Print option or the Print button in Internet Explorer to print a copy of the image.



To view a different warrant from the same day, use the “Go To Warrant Number” option under the Search menu. Then type in the warrant number in the screen below and hit enter or click on Go To Warrant.



To view a warrant from a different day, click on the Change Date option under the Navigation menu which will take you back to the screen where you can select a date and enter a warrant number again.



To exit the system, the Logoff option can be used from both the Change Date Screen and the screen that displays an individual warrant (under Global Options).

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### Bankimage User Manual

Purpose	Images of redeemed State of Iowa warrants are now available on the state's Internet. <b>Bankimage User Manual</b> contains basic instructions on how to access these images through the Bankimage web application.
Source	The <b>Bankimage User Manual</b> can be accessed on the Iowa Department of Administrative Services Internet site at the following web address: <a href="http://www.das.sae.iowa.gov/manuals_forms/Bankimage_User_Manual.pdf">http://www.das.sae.iowa.gov/manuals_forms/Bankimage_User_Manual.pdf</a>
Requirements	<p>The information on the redeemed warrant determines how to handle a report of a lost or stolen warrant. Authorized users can access the Bankimage system on the State of Iowa Internet site by typing this address in your web browser:</p> <p><a href="http://bankimage.ia.gov">http://bankimage.ia.gov</a></p> <p>Internet Explorer 5.0 or later on a Windows-based system is required. You must know the warrant number and redemption date to access and retrieve a warrant image.</p>
Distribution	Ask each payee to view the printed copy of the warrant to determine if the endorsement signature is the payee's signature or a forgery. If it is determined the signature is a forgery, send a copy of the warrant to DIA.
Data	The User Manual is a guide that provides directions on how to obtain copies of redeemed warrants through the Bankimage web application.